# RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

# LIBYA

# RAPID RESPONSE

# MEASLES

# 2018

| | |
|---|---|
| **RESIDENT/HUMANITARIAN COORDINATOR** | **Maria do Valle Ribeiro** |

**REPORTING PROCESS AND CONSULTATION SUMMARY**

a. Please indicate when the After-Action Review (AAR) was conducted and who participated.

No AAR was conducted, instead, Ministry of Health, with support of UNICEF and WHO, undertook an independent third-party monitoring evaluation of the national vaccination campaign. The results of the monitoring were made available for all the partners as a lessons-learnt exercise. This report serves as a baseline to determine if additional actions will be reviewed to ensure the required high coverage rates.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☐ NO ☒

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☐ NO ☒

The report is based on the coverage data provided by the National Centre for Disease Control, a joint meeting between WHO/NCDC/UNICEF was conducted to review the results.

# PART I

## 1. OVERVIEW

| 18-RR-LBY-32227 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | |
|---|---|
| **a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE** | **4,993,880** |
| **FUNDING RECEIVED BY SOURCE** | |
| CERF | 2,500,000 |
| COUNTRY-BASED POOLED FUND (*if applicable*) | N/A |
| OTHER (bilateral/multilateral) | N/A |
| **b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE** | **2,500,000** |

| 18-RR-LBY-32227 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$) | | | |
|---|---|---|---|
| **Allocation 1 – date of official submission: 01/10/2018** | | | |
| **Agency** | **Project code** | **Cluster/Sector** | **Amount** |
| UNICEF | 18-RR-CEF-102 | Health - Health | 2,500,000 |
| **TOTAL** | | | **2,500,000** |

| 18-RR-LBY-32227 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Total funds implemented directly by UN agencies including procurement of relief goods** | **2,500,000** |
| *- Funds transferred to Government partners** | 0 |
| *- Funds transferred to International NGOs partners** | 0 |
| *- Funds transferred to National NGOs partners** | 0 |
| *- Funds transferred to Red Cross/Red Crescent partners** | 0 |
| **Total funds transferred to implementing partners (IP)*** | **0** |
| **TOTAL** | **2,500,000** |

** These figures should match with totals in Annex 1.*

## 2. HUMANITARIAN CONTEXT AND NEEDS

While Libya was a high-middle income country before the Arab Spring in 2011, the prolonged conflict in Libya and the lack of resource allocation has resulted in approximately 17.5 percent of public hospitals, 20 percent of primary health care facilities and 9 percent of other types of health facilities in Libya being damaged and non-functional. There is also a lack of essential equipment, medicines and only 10 percent of public health centres and 40 percent of hospitals have basic services to offer. There are huge gaps in human resources quality and quantity, out of 4,275 official posts, only 1,897 are filled. There is also a gap of 4,997 nurses and 359 midwives and huge capacity gaps in providing quality services due to lack of staff training.

According to a Libya health profile from the World Health Organization in 2015 in addition to a PAPFAM study in 2014, 6.5 percent of children between 6 to 59 months are classified as acutely malnourished (about 6,000 children), of which 3 percent (200 children) are classified as Severely Acutely Malnourished (SAM) and are between 9-13 times more prone to die than normal children. The statistics also indicate that 21 percent of children under five, 18,000 children, are suffering from chronic malnutrition/stunting, a major survival and development issue for the country in the long term.

Libya has always been a migratory crossroads but in recent years mixed migration, including children on the move (asylum seekers, economic migrants, unaccompanied and separated children, environmental migrants, victims of trafficking and stranded migrants) has increased by 33 percent since 2014. By May 2019 there were an estimated 641,398 migrants, including almost 58,000 children, 20,000 of which are separated or unaccompanied.[1] Children on the move have very limited access to or are out of school and are discriminated against in regard to access to essential healthcare services.

As the conflict continues and health services deteriorated, particularly for vulnerable groups such as children on the move, in July 2018, the Ministry of Health declared a measles outbreak in Libya as a result of the increasing number of cases (591 reported during week 38) including two deaths. Children of migrants and refugees as well as the mobile populations were among the most vulnerable. The national health authorities could not mobilize local resources to carry out an outbreak response due to the political fragmentation, ongoing conflict and insecurity and the weakened health system. As the number of cases increased every week, it was possible that the measles outbreak could turn into an emergency with high mortality among children.

Measles is a highly contagious disease and a major childhood killer whose spread result from gradual accumulation of susceptible individuals in the population. In Libya, this susceptible group includes those who have never been vaccinated, those who have only had one dose of the vaccine albeit developing adequate immunity. Consequently, a nationwide measles campaign was needed to interrupt the spread of the disease and save lives, especially in hard to reach areas faced with insecurity, a lack of basic health services, electricity and clean water and to support populations of migrants, IDPs, returnees and refugees. Due to the ongoing political and security crisis in Libya, the Ministry of Health suffered from a lack of funding for vaccines to support the campaign. Therefore, a funding request was made to CERF to bridge the gap to support this life-saving immunization response with particular focus on most vulnerable groups, including migrants, IDPs, returnees and refugees.

## 1. PRIORITIZATION PROCESS

UNICEF provided the vaccine campaign to the most vulnerable children across the country that were aged 9 months to 15 years old through providing boys and girls equal access to this lifesaving vaccine campaign. UNICEF considered the most vulnerable populations to be migrants, refugees, Internally Displaced Persons, children in hard to reach areas and illegal networks due to their lack of access to preventive and curative health services, especially vaccines that support against vaccine-preventable diseases. The campaign was designed in a way to reach all of the mentioned vulnerable populations where no child is left behind. In particular, seven hard-to-reach areas due to illegal networks were given due consideration and included in the micro plan. Through a context-specific approach, all illegible children were reached to ensure equity in immunization.

UNICEF worked in consultation with local vaccine supervisors and implemented microplanning to identify the most vulnerable children in need of this measles vaccine, rubella vaccine and Vitamin A supplement.

## 2. CERF RESULTS

In order to prevent a widespread measles outbreak, CERF allocated USD 2,500,000 from its Rapid Response Window to the health sector to enable UNICEF in consultation with the Libyan National Centre for Disease Control (NCDC) and the World Health Organization (WHO) to conduct a nation-wide vaccine-preventable disease campaign that included the provisions of

[1] DTM, Libya's Mixed Migration Report March-May 2019 (Round 25), 11 July 2019

the Measles vaccine, Polio vaccine, Rubella vaccine and Vitamin A supplementation to protect children (girls and boys) from six months to 15 years against measles in Libya.

While the project originally planned to target 1,965,250 of the most vulnerable children aged six months to 15 years old throughout the country, due to the inclusion of the polio vaccine in the total vaccine campaign, the number of targeted children in the campaign increased to 2,756,921 children aged nine months to 15 years old in all municipalities. In total, 2,654,466 children (1,300,689 girls and 1,353,778 boys) aged nine months to 15 years old were reached in all municipalities throughout the country, representing 96.3 percent of the target.

## 3. PEOPLE REACHED

Due to the inclusion of a polio vaccine in the overall vaccine campaign, the target of children assisted increased from 1,965,250 children aged six months to 15 years old to 2,756,921 children aged nine months to 15 years old.

In total, UNICEF assisted 2,654,466 of the most vulnerable children (1,300,689 girls and 1,353,778 boys) aged nine months to 15 years old in all municipalities throughout the country.

Since the most vulnerable groups- including refugees, migrants, IDPs, hard to reach children and illegal networks were prioritised, UNICEF succeeded in assisting 2,517,527 Libyans, 65,871 refugee children and 70,912 Internally Displaced persons, representing 96.3 percent of the target of 2,76,291 children aged nine months to 15 years old.

**18-RR-LBY-32227 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR[1]**

| Cluster/Sector | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| Health - Health | 1,300,689 | | **1,300,689** | 1,353,778 | | **1,353,778** | 2,654,466 | | **2,654,466** |

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

**18-RR-LBY-32227 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING[2]**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Girls (< 18) | Women (≥ 18) | Total | Boys (< 18) | Men (≥ 18) | Total | Children (< 18) | Adults (≥ 18) | Total |
| **Planned** | 1,350,458 | | **1,350,489** | 1,405,671 | | **1,405,671** | 2,756,291 | | **2,765,291** |
| **Reached** | 1,300,689 | | **1,300,689** | 1,353,778 | | **1,353,778** | 2,654,466 | | **2,654,466** |

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

**18-RR-LBY-32227 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY**

| *Category* | *Number of people (Planned)* | *Number of people (Reached)* |
|---|---|---|
| *Refugees* | 68,401 | 65,871 |

| | | |
|---|---|---|
| *IDPs* | 73,636 | 70,912 |
| *Host population* | 2,614,254 | 2,517,527 |
| *Affected people (none of the above)* | | |
| ***Total** (same as in table 5)* | **2,756,291** | **2,654,466** |

## 4. CERF's ADDED VALUE

**a) Did CERF funds lead to a fast delivery of assistance to people in need?**

YES ☒ PARTIALLY ☐ NO ☐

There was a lack of funding for undertaking the measles outbreak immunization response. This funding helped in the quick procurement of vaccines and other related supplied and timely conduction of the activities. Thanks to this CERF funding, all of the activities were conducted within a three-month period- October- December 2018.

**b) Did CERF funds help respond to time-critical needs?**

YES ☒ PARTIALLY ☐ NO ☐

In July 2018 the Government of Libya declared a nation-wide measles outbreak. Measles is a highly contagious vaccine preventable disease that has a high mortality and morbidity rate. As a result of this CERF funding, UNICEF was able to support the Government of Libya in implementing this campaign to prevent morbidity and mortality.

**c) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

This activity brought key partners including UNICEF, WHO, IOM and UNHCR under the lead role of the National Centre for Disease Control programme for timely and quality conduction of this life-saving intervention.

**d) Did CERF funds help improve resource mobilization from other sources?**

YES ☒ PARTIALLY ☐ NO ☐

This CERF allocation lead to the mobilization of resources for the procurement of polio vaccines through German funding (UNICEF received USD 500,000 for the polio vaccine and social mobilization initiatives).

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

This preventable disease vaccination campaign helped in the identification in human and institutional capacity gaps in provision of quality services to the population enabling evidence-based programming.

## 5. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

| Lessons learned | Suggestion for follow-up/improvement |
|---|---|
| Nothing to add | Nothing to add |
| | |

| | |
|---|---|
| | |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible entity** |
| Quality and reliability of Data MUST for evidence-based programming | UNICEF in coordination with other UN Agencies (WHO and IOM) is supporting strengthening of District Health Information Systems to ensure availability of quality data to support evidence based programming. UNICEF signed an Annual Work Plan with the Director of Health Information Centre as part of its regular programing. | Government of Libya, UN Agencies |
| Partnership, convergence of actions and resources is a for success. | Based on the learnings, it is important to provide an integrated package of health, WASH and nutrition services . | UN Agencies and Sectors |
| Equity in immunization is possible with comprehensive microplanning and context specific actions-partnership- (tribal elders) focus on Migrants, inaccessible population (illegal networks). | UNICEF in coordination with WHO is supporting NCDC to develop microplans from 670 health facilities that will help identify the children across the country, especially the most vulnerbale. | UNICEF |

# PART II

## 6. PROJECT REPORTS

## 8.1. Project Report 18-RR-CEF-102 - UNICEF

| **1. Project information** | | | |
|---|---|---|---|
| - *To check/uncheck the YES/NO boxes, double click on the grey square box and select the appropriate value ("Not checked" or "Checked") in the pop-up window.* | | | |
| **1. Agency:** | UNICEF | **2. Country:** | Libya |
| **3. Cluster/Sector:** | Health - Health | **4. Project code (CERF):** | 18-RR-CEF-102 |
| **5. Project title:** | Lifesaving Emergency Response to Measles Outbreak in Libya | | |
| **6.a Original Start date:** | 09/10/2018 | **6.b Original End date** | 08/04/2019 |
| **6.c. No-cost Extension** | ☒ No ☐ Yes | if yes, specify revised end date: | Not applicable |
| **6.d Were all activities concluded by the end date** (including NCE date) | | ☐ No ☒ Yes (if not, please explain in section 3) | |

| | | |
|---|---|---|
| **7. Funding** | **a. Total requirement for agency's sector response to current emergency:**<br>*Guidance: Refer to the project proposal for the amount in 7a.*<br>*For rapid response requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.*<br>*For underfunded emergency requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.* | US$ 2,500,000 |
| | **b. Total funding received for agency's sector response to current emergency:**<br>*Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.* | US$ 2,500,000 |
| | **c. Amount received from CERF:** | US$ 2,500,000 |
| | **d. Total CERF funds forwarded to implementing partners**<br>of which to:<br>*Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.* | **US$ 2,500,000** |
| | ▪ *Government Partners* | US$ 0 |
| | ▪ *International NGOs* | US$ 0 |
| | ▪ *National NGOs* | US$ 0 |
| | ▪ *Red Cross/Crescent* | US$ 0 |

## 2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners conducted a nationwide Measles, Rubella, Polio vaccination and Vitamin A supplementation campaign throughout the country. The campaign reached 2.64 million children (aged 9 months to 15 years) with the measles vaccine, Rubella vaccines and Vitamin A supplements and 1.45 million children (aged 0 to 6 years) with the polio vaccine (funded through the German Foreign Office). The most vulnerable populations in inaccessible, hard to reach areas including, migrants, asylum seekers and internally displaced persons were reached through tailored-to-context specific strategies. Specifically, in consultation with the local vaccine supervisors, UNICEF identified children in hard-to reach areas and in illegal networks and then reached these children through a context specific -approach that included identification of the persons from those locations and the development of a micro plan to reach these children.

This campaign is considered a major contribution to child survival and development in Libya through prevention of vaccine preventable disease and Vitamin A supplementation.

## 3. Changes and Amendments

To ensure protection of children in Libya against vaccine-preventable diseases, UNICEF in close coordination with the National Centre for Disease Control (NCDC) and the World Health Organization included a polio vaccine in the campaign which focused on children from 0 to six years old. With the inclusion of this age group, the overall target for the Measles Vaccine, Rubella Vaccine and Vitamin A supplement increased from 1,965,250 to 2,756,219.

In addition, while the original project objective aimed to vaccinate children from age 6 months to 15 years old, this was changed to 9 months to 15 years old.

## 4. People Reached

**4a. Number of people directly assisted with cerf funding by age group and sex**

| | Female | | | Male | | | Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | **Girls** (< 18) | **Women** (≥ 18) | **Total** | **Boys** (< 18) | **Men** (≥ 18) | **Total** | **Children** (< 18) | **Adults** (≥ 18) | **Total** |
| **Planned** | 1,350,548 | | **1,350,548** | 1,405,671 | | **993,949** | 2,756,219 | 0 | **2,756,291** |
| **Reached** | 1,300,689 | | 1,300,689 | 1,353,778 | | **1,353,778** | 2,654,466 | 0 | **2,654,466** |

**4b. Number of people directly assisted with cerf funding by category**

| ***Category*** | ***Number of people (Planned)*** | ***Number of people (Reached)*** |
|---|---|---|
| *Refugees* | 68,401 | 65,871 |
| *IDPs* | 73,636 | 70,912 |
| *Host population* | 2,614,254 | 2,517,527 |
| *Affected people (none of the above)* | | |
| ***Total (same as in 4a)*** | **2,756,291** | **2,654,466** |
| *In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:* | Due to the inclusion of children receiving the polio vaccine- 0 to six years old- there was a change in the overall target of the CERF report from 1,965,250 to 2,756,219 | |

## 5. CERF Result Framework

| | |
|---|---|
| **Project objective** | To undertake lifesaving measles outbreak response immunization to protect children (girls and boys) from 9 months to 15 years against measles in Libya with focus on most vulnerable children living in the Southern and Western part of the country |

| **Output 1** | Children (girls and boys) from 9 months to 15 years vaccinated against measles and provided vitamin A supplementation in the Westerns and Southern part of the country | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | Percentage of children vaccinated against measles | 95% or 2,618,477 children | 96.3 | Campaign and Post-Campaign Monitoring Report (see Annex 1) |
| Indicator 1.2 | Percentage of children received Vitamin A supplementation | 95% or 2,618,477 children | 96.3 | Campaign and Post-Campaign Monitoring Report |
| **Explanation of output and indicators variance:** | None | | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Procurement of vaccine supplies and injection, cold chain equipment devices | UNICEF |
| Activity 1.2 | Airlifting the supplies to Tripoli | UNICEF |
| Activity 1.3 | Social mobilization/Awareness creation | UNICEF, NCDC, WHO |
| Activity 1.4 | Implementation of activities through fixed vaccination site, mobile and outreach activities/teams | NCDC |
| Activity 1.5 | Third-party monitoring of the campaign | Libyan Vision |
| Activity 1.6 | Staff orientation and supportive supervision | UNICEF, NCDC, WHO |

## 6. Accountability to Affected People

A) Project design and planning phase:

UNICEF developed a comprehensive social mobilization plan to raise public awareness on the importance of vaccinations that included a number of context specific actions that supported communities' active participation to achieve the highest coverage. The main activities included exclusive involvement of media, schools, scouts, local influential persons and a hotline to answer community questions and concerns. The International Organisation for Migration (IOM) and the United Nations High Commissioner for Children (UNHCR) also mobilized outreach teams to support in reaching hard-to reach internally displaced persons and refugees. A post-campaign assessment was also conducted to document the impact of the campaign on child survival in Libya and the lessons learned from the vaccine campaign.

B) Project implementation phase:

There were five main components of the project implementation: 1) Procurement of vaccines and supplies; 2) Orientation/ training of

supervisors and vaccinators to ensure quality of the intervention; 3) Social mobilization/ awareness among communities to ensure high coverage; 4) Implementation of vaccine campaign at fixed vaccination sites and through mobile and outreach teams; 5) Monitoring and supportive supervision of the activities.

C) Project monitoring and evaluation:

The vaccine campaign was extensively monitored during the implementation period to ensure timely and quality completion of the planned activities. Additionally, a Third-Party Monitoring company verified the number of children vaccinated and the quality of activities supported by CERF.

## 7. Cash-Based Interventions

**7.a. Did the project include one or more Cash Based Intervention(s) (CBI)?**

| Planned | Actual |
|---|---|
| No | No |

**7.b Please specify below the parameters of the CBI modality/ies used**. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

| CBI modality | Value of cash (US$) | a. Objective | b. Conditionality | c. Restriction |
|---|---|---|---|---|
| | | Choose an item. | Choose an item. | Choose an item. |
| | | Choose an item. | Choose an item. | Choose an item. |
| | | Choose an item. | Choose an item. | Choose an item. |
| | | Choose an item. | Choose an item. | Choose an item. |
| | | Choose an item. | Choose an item. | Choose an item. |

*Supplementary information (optional)*

N/A

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

The Ministry of Health, with the support of UNICEF and WHO, undertook an independent third-party monitoring evaluation of the national vaccination campaign. (attached separately). The results of the monitoring were made available for all the partners as a lessons-learnt exercise. This report serves as a baseline to determine if additional actions will be reviewed to ensure the required high coverage rates.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

## ANNEX 1: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---|---|
| **NCDC** | National Centre for Disease Control |
| **WHO** | World Health Organization |
| **IOM** | International Organization for Migrationn |
| **UNHCR** | United Nations High Commission for Children |
| **UNICEF** | United Nations International Children's Emergency Fund |
| **NCDC** | Libyan National Centre for Disease Control |